

**TOWN OF EAST HARTFORD
LOCAL OPTION**

**TAX CREDIT FOR THE ELDERLY OR TOTALLY DISABLED HOMEOWNER
(TO BE FILED BIENNIALY)**

FILING PERIOD: FEBRUARY 1 - MAY 15TH

PLEASE PRINT OR TYPE

1. Name (Last) (First) (Date of Birth) Social Security #

2. Spouse's name (Last) (First) (Date of Birth) Social Security #

3. Mailing Address (No., Street, Town, State, ZIP code) Telephone Number

4. Agent's Name/Address Agent's Telephone Number

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

- a. TAXABLE INCOME, **Example:** Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file Federal Income Tax Return, enter the amount of Adjusted Gross Income plus any other income and attach a copy of the return to this application. a. \$ _____
- b. NON – TAXABLE INTEREST – Example: Interest from Tax Exempt Government Bonds b. \$ _____
- c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME – (GROSS AMOUNT) c. \$ _____
- d. ANY INCOME NOT REFLECTED IN THE ABOVE – Example: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. d. \$ _____
- e. Add lines 5a through 5d TOTAL INCOME e. \$ _____
- f. Less Disabled spouse/family exemption (\$10,000) _____

Please check one of the following statements and sign below:

_____ My/our total assets, excluding the value of my/our primary residence and any tax deferred retirement investments, **DO NOT EXCEED \$100,000.**

_____ My/our total assets, excluding the value of my/our primary residence and any tax deferred retirement investments, **DO EXCEED \$100,000.**

Applicant's or authorized agent's affidavit: The applicant or authorized agent deposes that the above statement is true and complete and claims tax relief under the provisions of the Town of East Hartford Ordinances, Article 5, Chapter 10. I grant permission to the Town of East Hartford to obtain information necessary to help determine my eligibility. The penalty for making a false affidavit is the refund of all credits improperly taken. The signature below indicates that this affidavit has been read and understood.

Signature of applicant or authorized agent

Date signed

FOR ASSESSOR'S USE ONLY

Parcel ID _____

Income (line 5e) _____ 7% of income _____ Adjusted Tax Amt (after state benefit if eligible) _____

Tax amount – 7% of Income = Credit amount

Credit to be applied -

Assessor's affidavit

____ I am satisfied that the above named application meets all the necessary statutory requirements.

____ This claim is disallowed due to: _____ over income _____ tax does not exceed 7% of income
____ other: _____

Signature of Assessor or member of Assessor's staff

Date signed